

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1940 AUG 14 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

24836  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Cape Girardeau Registration District No. 125  
 (b) Township Cape Primary Registration District No. 3009-5178 Registered No. 244  
 (c) City South Cape (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME 425 Ruth Ann Wilkinson  
 (a) Residence, No. 526 1/2 Vernon St St.  St. Louis, Missouri  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 - 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
16 10 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Student  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PALMA MISSOURI

FATHER 13. NAME PLEASANT WILKINSON  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OAK RIDGE MO

MOTHER 15. MAIDEN NAME AMANDA HARRIS  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LOTESVILLE MO

17. INFORMANT B. V. WILKINSON  
 (ADDRESS) CAPE GIRARDEAU

18. BURIAL, CREMATION, OR REMOVAL PLACE FAIRMONT DATE 7-22

19. FUNERAL DIRECTOR (NAME) R. L. Hemon  
 (ADDRESS) Cape Girardeau Mo.

20. FILED 7-19 1940 J. M. Thompson  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19-40

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
DEAR Dr. Pricker, coroner at St. Louis, Missouri, advised me in the report that the deceased, Ruth Ann Wilkinson, came to her death by accident. Dr. Pricker advised that the deceased died from a fall from a high place.

Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Down on Highway 25 ft

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury \_\_\_\_\_, 1940  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
in drainage ditch south of Dental Training H. Ho  
 Manner of injury falling from a high place  
 Nature of injury Brain injury

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) E. H. Pricker, Coroner, M.D.  
 (Address) St. Louis, Missouri

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed *L. L. Hamon*

Licensed Embalmer No. *2863*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**